

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2019
NAME OF PROVIDER OR SUPPLIER PROVIDENCE REGIONAL MEDICAL CENTER EVERETT			STREET ADDRESS, CITY, STATE, ZIP CODE 1321 COLBY AVENUE EVERETT, WA 98201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	<p>INITIAL COMMENTS</p> <p>MEDICARE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH) in accordance with Medicare Conditions of Participation for Hospitals set forth in 42 CFR 482, conducted this health and safety investigation.</p> <p>Onsite dates: : 03/25/19, 03/26/19, 03/27/19 and 03/28/19. Additional information was obtained on 04/08/19.</p> <p>Intake number: 88008, 86225 and 86226</p> <p>The investigation was conducted by: Surveyor #19812</p>	A 000		
A 144	<p>PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2)</p> <p>The patient has the right to receive care in a safe setting.</p> <p>This STANDARD is not met as evidenced by: Based on interview, record review and review of policy and procedure, the hospital failed to ensure that patients received care in a safe setting by not assuring a safe hospital-to-hospital transfer for 1 of 11 patients whose records were reviewed (Patient #1).</p> <p>Failure to ensure a safe hospital-to-hospital transfer places patients at risk of harm due to placement in a hospital that cannot meet their health care needs.</p> <p>Findings included:</p> <p>1. On 03/25/19, at approximately 3:00 PM, the</p>	A 144		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2019
NAME OF PROVIDER OR SUPPLIER PROVIDENCE REGIONAL MEDICAL CENTER EVERETT			STREET ADDRESS, CITY, STATE, ZIP CODE 1321 COLBY AVENUE EVERETT, WA 98201	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 144	<p>Continued From page 1</p> <p>Manager of Patient Safety and Risk Management (Staff #2) stated that the hospital followed EMTALA policy, and followed the "Emergency Department Standards of Care" guidelines, when transferring/discharging patients from the ED to other facilities.</p> <p>2. Record review of the hospital's policy and procedure titled, "EMTALA: General Guidelines to Examination, Treatment and Transfer of Patient," Policy #5922818, reviewed 02/19, showed that the receiving facility must have available space and personnel for the care of the patient, and must agree to accept the transfer of the patient.</p> <p>a. Record review of the "Emergency Department Standards of Care" guidelines, policy #5871821, last reviewed 01/19, showed that on page 3 of 5 staff were directed to complete documentation per the EMTALA guidelines. The policy stated under #4 that report was to be communicated to the accepting RN and LIP [licensed independent practitioner] by the ED LIP, ED RN and the ED Crisis Counselor as indicated.</p> <p>3. Review of Patient #1's medical record showed:</p> <p>a. Patient #1 was transferred from the hospital's ED to a behavioral health hospital on 04/03/18, 04/24/18, 05/28/18, 06/19/18 and 06/28/18.</p> <p>b. There was no documentation that showed that the receiving hospital had agreed to accept transfer of the patient or provide the appropriate and necessary medical care for Patient #1 on 4</p>	A 144		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 500014	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2019	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE REGIONAL MEDICAL CENTER EVERETT			STREET ADDRESS, CITY, STATE, ZIP CODE 1321 COLBY AVENUE EVERETT, WA 98201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 144	Continued From page 2 of 5 transfer dates (04/03/18, 04/24/18, 05/28/18, and 06/19/18). c. There was no documentation that showed that the sending ED RN had communicated report to the RN at the receiving hospital on 1 of the 5 dates the patient was transferred (04/03/18). d. There was no documentation that showed that there had been physician/LIP to physician/LIP communication on 4 of the 5 dates the patient was transferred (04/03/18, 04/24/18, 05/28/18 and 06/19/18). 4. The above findings were confirmed with the Director of Compliance and Accreditation (Staff #1) and the Manager of Patient Safety and Risk Management (Staff #2) on 03/28/19 at 4:45 PM.		A 144		